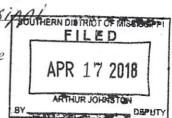
#### IN THE UNITED STATES DISTRICT COURT

# FOR THE Southern DISTRICT OF MISSISSIPPOUTHERN DISTRICT OF MISSISS

(Write the District and Division, if any, of the court in which the complaint is filed.)



### LARENZO MANUEL

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

ISAAC EdWARD

Mississippi Department of Correction

Gloria PERRY SECAHACKED "ExhibitA

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## Complaint for Violation of Civil Rights

(Prisoner Complaint)

Case No. 3: 18CV 240 CWR-FHB (to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No (check one)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

#### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	LARENZO MANUEL
All other names by	which you have been known:
	LARENZO MANUEL
ID Number	MDOC#146877
Current Institution	CENTRAL MISSISSIPPI CORRECTIONAL FACILITY
Address	CENTRAL MISSISSIPPI CORRECTIONAL PACILITY (720) CMCF-C-Q 110- ZONIE / BED-54 P.D. BOY 88550, PEARL MS, 39288

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title

(if known)

Shield Number

Employer

Address

Individual capacity

Defendant No. 2

Name

Job or Title	Mississippi DEPARTMENT OF CORRECTION CORRECTION INSTITUTION
(if known)	CORRECTIONAL INSTITUTION
Shield Number	CORREctioNAl institution don't know
Employer	CORRECTIONAL INSTIUTION
Address	•
Individual capa	city Official capacity
Defendant No. 3	
Name	GlORY PERRY
Job or Title (if known)	Medical director for Miss. DEPARTMENT OF GREETING
Shield Number	don't know
Employer	STATE OF Mississippi
Address	
Individual capac	city Official capacity
Defendant No. 4	
Name	
Job or Title $Ck$	iminal INVESTIGATORS
(if known)	
Shield Number	_ SONT KNOW
Employer	CONTRACTED BY STATE OF Mississippi
Address	
_	
☑ Individual capac	city Official capacity

#### II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A.	Are you bringing suit against (check all that apply):
	☐ Federal officials (a Bivens claim)
~	State or local officials (a § 1983 claim)
B.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
	CRUEL AND CINUSAL PUNISHMENT (8th AMENDMENT) EQUAL PROTECTION (14th AMENDMENT U.S. CONST. AND FEDERALLA
C.	Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials?
	N/A
D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed.  (SEE ATTACHED: Factual Allebations A8  Exhibit A-1
Priso	ner Status
Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed detainee
	Immigration detainee

III.

IV.

<b>W</b>	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
State	ment of Claim
persor releva involv than o	as briefly as possible the facts of your case. Describe how each defendant was nally involved in the alleged wrongful action, along with the dates and locations of all nt events. You may wish to include further details such as the names of other persons red in the events giving rise to your claims. Do not cite any cases or statutes. If more ne claim is asserted, number each claim and write a short and plain statement of each in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
В.	LARENZO MANUEL'S' AROSE At CENTEAL MISSISSIPPI CORREction FACILITY IN (RNC), WHERE MANUEL WAS Stomped IN the back of his head by Correctional Officer I SAAC Edward  If the events giving rise to your claim arose in an institution, describe where and when
	MANUEL'S EVENT AROSE AT CENTRAL Mississippi Correction FACILITY IN (RNC) Where MANUEL WAS Stomped in the back of his head by Correctional officer Tesanc Edward
C.	What date and approximate time did the events giving rise to your claim(s) occur?  The faft of this offense took Place November 14, 2017  At 6,00 pm'
D.	What are the facts underlying your claim(s)? (For example: What happened to you?  Who did what? Was anyone else involved? Who else saw what happened?)  SEE AS AN ATTACKED Exhibits STATEMENT OF Claim!  FACTUAL ALLEGATIONS [CAUSES OF ACTION]  Exhibits


#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MANUEL CONTEND that between Spm and 6pm on November 14th 2017, C/O I SAAC Edward Sprayed me with Pepper Spray to Make ME lie down face first on the floor in Holet water, ence on the ground and posing no threat to any in dividual, Lo Edward then 8 to mped on my head resulting in a busted and torn up lip and a broken Jaw Along with my front too the being broken, C/O Edward then draffed me out the Cell, face first in tiglet water all the way until I reached the top of the Stair in the zone.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

MANUEL WANT RECRESS (MONEY CAMAGES) FROM this lawsuit, for compensatory money damages as well as Punitive damage from Each defendant for the amount of one million (\$1,000,000) Each. The see money damage is a lso for Pain and suffering and body harm. In Jury, and Manuel Wants all defendant to Pay All Court Cost Generated from this Suit;

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.		Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?			
		Yes			
		No			
	the ti	s, name the jail, prison, or other correctional facility where you were confined at me of the events giving rise to your claim(s).  ENTRAL MISSISSIPPI CORRECTIONAL FACILITY			
B.		the jail, prison, or other correctional facility where your claim(s) arose have a rance procedure?			
		Yes			
		No			
		Do not know			
C.		the grievance procedure at the jail, prison, or other correctional facility where claim(s) arose cover some or all of your claims?			
		Yes			
		No			
		Do not know			
	If yes	s, which claim(s)?  do Not KNOW			
		•			
D.	•	you file a grievance in the jail, prison, or other correctional facility where your n(s) arose concerning the facts relating to this complaint?			
		Yes			
		No			

	Yes
	No
If yo	u did file a grievance:
1.	Where did you file the grievance?
	Central Mississippi Correctional Facility
2.	What did you claim in your grievance?
	CRUEL AND UNUSAL PUNISHMENT (8th AM EQUAL PROTECTION (14th AMENDMENT U.S. Co AND CLEDERAL LAWIT
3.	What was the result, if any?  N/A NEVER RECEIVE MY RES
4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appear
	the highest level of the grievance process.)
	Statement in order to appeal

F.	If you did not file a grievance:			
	1.	If there are any reasons why you did not file a grievance, state them here:		
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:  Third file A GRIEVANCE AND NOTIFY C.T.D.  CRIMINAL INVESTIGATION DEPARTMENT, THE C.I.D.  has the incident on Camera		
G.		e set forth any additional information that is relevant to the exhaustion of your istrative remedies.  SEE AS AN AHACHED (Exhibits A+B)		
	•	You may attach as exhibits to this complaint any documents related to the stion of your administrative remedies.)		
Prev	ious Lav	vsuits		

#### VIII.

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?



	N/A
	you filed other lawsuits in state or federal court dealing with the same facts ved in this action?
	Yes
	No
below	ar answer to A is yes, describe each lawsuit by answering questions 1 through a. (If there is more than one lawsuit, describe the additional lawsuits on anoth using the same format.)
1.	Parties to the previous lawsuit
	Plaintiff(s)
	Plaintiff(s)  Defendant(s)  //A
2.	Court (if federal court, name the district; if state court, name the county and State)
3.	Docket or index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit
6.	Is the case still pending?
	□ Yes
	<b>™</b> No
	If no, give the approximate date of disposition.

	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		NA
C.		you filed other lawsuits in state or federal court otherwise relating to the itions of your imprisonment?
		Yes
		No
D.	belov	ur answer to C is yes, describe each lawsuit by answering questions 1 through 7 w. (If there is more than one lawsuit, describe the additional lawsuits on another, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Plaintiff(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
		$\frac{\mathcal{N}/\mathcal{A}}{\mathcal{N}/\mathcal{A}}$
		$\mathcal{N}_{\mathcal{M}}$
	3.	Docket or index number
		N/A
	4.	Name of Judge assigned to your case
		$\sim$
	5.	Approximate date of filing lawsuit
	•	NA
	6.	Is the case still pending?
	0.	☐ Yes
		No No

		If no, give the approximate date of disposition.					
		7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)					
IX.	Certi	ification and Closing					
	know impro of liti modi if spe for fu	er Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my eledge, information, and belief that this complaint: (1) is not being presented for an oper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost agation; (2) is supported by existing law or by a nonfrivolous argument for extending, fying, or reversing existing law; (3) the factual contentions have evidentiary support or, ecifically so identified, will likely have evidentiary support after a reasonable opportunity arther investigation or discovery; and (4) the complaint otherwise complies with the rements of Rule 11.					
	A. For Parties Without an Attorney						
		I agree to provide the Clerk's Office with any changes to my address where case- related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.					
		Date of signing:, 20_18					
		Signature of Plaintiff  Printed Name of Plaintiff  Prison Identification #  Prison Address  Center Mississippi Correctional Facility (120)  R.J. Box 88550, PEARL, Mississippi 39288  City  State  Zip Code					
	В.	For Attorneys					
		Date of signing:, 20 <u>/8</u>					
		Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm					

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Address		 	
Telephone Number	 -	 <del></del>	
E-mail Address			